

# Anorectal Abscess

## Patient Information

### What is an anorectal abscess?

An anorectal abscess is a collection of pus that builds up in or around the anus and rectum. The rectum is the last part of the large bowel where faeces (stools) are stored whilst the anus is the opening where faeces are passed.

### What causes an abscess?

There are several reasons why abscesses develop including a blocked anal gland, an infection following a tear or ulcer in the lining of the anal canal (anal fissure) or a sexually transmitted infection (STI).

People with long term conditions such as diabetes, inflammatory bowel disease or weakened immune systems are more susceptible to getting abscesses.

Without intervention, complications can occur as an infection can worsen. However it is important to understand that with prompt treatment people with anorectal abscesses can fully recover in a short period.

### Are there any signs or symptoms?

- Pain or tenderness that may worsen when opening your bowels
- Hardened tissue or a lump around the anus
- Passing a discharge of pus from the back passage
- Fever
- Constipation
- Feeling generally tired and unwell

### What is the treatment?

Surgery is often required to drain the abscess. This will be done either under local (whilst you are awake) or general anaesthetic (whilst you are asleep). This will depend on the extent and location of the abscess.

Usually the best way of healing the wound whilst reducing the risk of an abscess reforming is to leave it open (with no stitches).

It is likely that you will be discharged the same day and given a supply of painkillers for pain relief and laxatives to ensure you do not get constipated.

Antibiotics are not usually required, unless otherwise stated by the surgical team who will discuss this with you.

## What to do when I am discharged?

Wear loose underwear to avoid sweating and friction. Do not use creams or ointments on the wound unless the surgical team prescribes them.

Regular dressing of the wound may be required with support from your community nursing team and you will be advised how to arrange this before being discharged.

It is normal for your wound to produce a watery, bloody discharge until the wound is in its final stages of healing. However it is important to look for signs of further infection such as an increase in pain, a change in colour or if the discharge becomes thicker.

It is important to avoid becoming constipated whilst your wound is healing. Therefore a diet high in fibre such as fruit, vegetables and wholegrains as well as drinking plenty of fluids is important to soften your stool and maintain a regular bowel habit.

You should feel well enough to return to work after several days rest although this will depend on your type of job. If your job involves sitting for long periods you may require longer.

## When should I seek help?

- increasing pain, redness or discharge
- severe bleeding
- high temperature (over 38°C), or chills
- persistent nausea or vomiting

## Who can I contact if I am concerned after discharge?

Please contact the surgical assessment unit (SAU) on 01274 364413 if you have any concerns or feel unwell after discharge.

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.

**Smoking:** Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

**Wristbands:** When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

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